

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 101098909	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51		1			
2		1					52		1			
3							53					
4		1					54		1			
5		1					55	1				
6		1					56		1			
7							57		1			
8							58					
9		1					59					
10		1					60					
11		1					61					
12		1					62					
13							63	1				
14							64		1			
15							65		1			
16							66		1			
17							67	1				
18							68		1			
19							69		1			
20							70	1				
21							71		1			
22							72					
23							73					
24							74					
25							75					
26							76					
27		1					77					
28							78					
29							79					
30							80					
31							81					
32		1					82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41		1					91					
42							92					
43		1					93					
44							94					
45							95					
46		1					96					
47							97					
48		1					98					
49							99					
50		1					100					
TOTAL IND.	6						TOTAL IND.					
TOTAL DEP.	65						TOTAL DEP.					
TOTAL CLAIMS	71						TOTAL CLAIMS					